

AUDITION



THEATRE 7
131 N. Water St. Decatur
mail@theatre7.net
www.theatre7.net

PRODUCTION: _____ REHEARSALS/PERFORMANCES: _____

Name: _____ Audition Date: _____

Phone: _____ How do you prefer to be contacted?: _____

Email: _____

Address: _____ City/State/Zip: _____

Emergency Contact: _____ Phone: _____

Female Male Age: _____ Height: _____ Are you willing to alter your hair? Yes No

Specific role(s) you are interested in: _____

Would you consider other roles: Yes No

If not cast, would you be interested in helping in another area? Yes No

Set Costumes Backstage crew Props Makeup/Hair Move in/strike Usher

Recent theatrical experience, special training, etc.: _____

Identify any dates you will not be available during rehearsals:

Work/school conflicts: _____

Scheduled vacations/trips: _____

How did you hear about auditions? Newspaper Social Media Show program Flyer
 Word of mouth Email Other: _____

COMMITMENT: I UNDERSTAND that auditioning is a sign of my commitment to the production. Production staff will provide a rehearsal schedule and costumes, will teach the material and execute the creative vision for the production, and will respect performers' time and contributions. If I am cast, I understand I am joining a team and others depend on me. I understand I must arrive on time and be present at rehearsals and all performances. I understand I must be prepared and will be required to learn/memorize music, lyrics, dialogue and choreography on my own time. I understand that repeated absences may cause my dismissal. I release Theatre 7 to use my image in any photography or video media for promotion of the show and in perpetuity. As a Theatre 7 member, I agree to help with production workdays, move in/strike, as well as helping to promote the show. My signature below, and the signature of my parent/guardian, if I am under 18, indicates my acceptance of these terms.

For insurance purposes, membership dues are \$15 annually. Are you a current Theatre 7 member? Yes No

If cast, do we have your permission to share your contact information with the cast/crew? Yes No

Signature of Auditionee / Guardian: _____

IF UNDER 18, Parent / Guardian name: _____

Email: _____ Phone: _____